|   |  |   |  |                      |   |                                      |            | Application or Docket Number |              |                        |          |                           |                        |
|---|--|---|--|----------------------|---|--------------------------------------|------------|------------------------------|--------------|------------------------|----------|---------------------------|------------------------|
|   | PATENT APPLICATION FEE DETERMINATION RECOF     |   |  |                      |   |                                      |            |                              |              |                        |          | /                         |                        |
| Effective October 1, 2000   |  |   |  |                      |   |                                      |            | 09845319-                    |              |                        |          |                           |                        |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |  |                      |   |                                      |            | SMALL ENTITY TYPE            |              |                        | OR       | OTHER THAN R SMALL ENTITY |                        |
| TOTAL CLAIMS  |  |   |  |                      |   |                                      | ł          | RATE                         | Ε            | FEE                    | ] [      | RATE                      | FEE                    |
| FOR   |  |   | NUMBER FILED                                 |                      | NUMBER EXTRA                              |                                      |            | BASIC F                      | FEE          | 355.00                 | OR       | BASIC FEE                 | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | // minus 20=                                 |                      | · @                                       |                                      |            | X\$ 9=                       |              |                        | OR       | X\$18=                    | _                      |
| INDEPENDENT CLAIMS  |  |   | 6 mir  | nus 3 =              | 3   |                                      |            | X40=                         |              |                        | OR       | X80=                      | 240                    |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                               | RESENT                                       |                      |   | +135                                 |            |                              | =            |                        | OR       | +270=                     |                        |
| * If  | the difference                                 | in column 1 is                              | less than zero, enter "0" in column 2        |                      |   |                                      |            | TOTA                         |              |                        | OR       | TOTAL                     | 950                    |
| CLAIMS AS AMENDED - PART II   |  |   |  |                      |   |                                      |            |                              |              |                        |          | OTHER                     | THAN                   |
| (Column 1) (Column 2) (Column 2)  |  |   |  |                      |   |                                      | 1 -        | SMAL                         | L <b>L</b> E | ENTITY                 | OR       | SMALL                     | ENTITY                 |
| AMENDMENT A   | ***  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   | <b>《                                    </b> | NUM<br>PREVI         | HEST<br>MBER<br>OUSLY<br>FOR              | PRESENT<br>EXTRA                     |            | RATE                         | E            | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
| MON   | Total  | *   | Minus  | **                   |   | =                                    |            | X\$ 9:                       | = ]          |                        | OR       | X\$18=                    |                        |
| AME   | Independent                                    | *   | Minus  | ***                  |   |                                      |            | X40=                         | =            |                        | OR       | X80=                      |                        |
|   | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DEP                                  | 'ENDEN'              | I CLAIM                                   |                                      | 1          | +135:                        | _            |                        | OR       | +270=                     |                        |
|   |  |   |  |                      |   | •                                    | l          | TO1                          | TAL          |                        | اا       | TOTAL<br>ADDIT. FEE       |                        |
|   | (Column 1) (Column 2) (Column 3)               |   |  |                      |   |                                      |            | AÐDIT. F                     | -EE          | <u> </u>               |          | ADUII. FEE                |                        |
| NDMENT B  |  | CLAIMS REMAINING AFTER AMENDMENT            | * * *  | HIGH<br>NUM<br>PREVI | HEST<br>MBER<br>IOUSLY<br>O FOR           | PRESENT<br>EXTRA                     |            | RATE                         | E            | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus  | **                   |   | =                                    | ]          | X\$ 9                        | =            |                        | OR       | X\$18=                    |                        |
| AMEND   | Independent                                    | *   | Minus  | ***                  |   | =                                    | 1          | X40=                         | =            |                        | OR       | X80=                      |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                      |   |                                      |            | +135                         |              |                        | OR       | +270=                     | 1                      |
|   |  |   |  |                      |   |                                      | Į          | . <b>TO</b> 1                | TAL          |                        |          | TOTAL                     |                        |
|   |  |   | ADDIT. F                                     | -EE                  |   |                                      | ADDIT. FEE |                              |              |                        |          |                           |                        |
| AMENDMENT C   |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | i i i  | HIGI<br>NUN<br>PREVI | IMN 2)<br>HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA                     |            | RATE                         | E            | ADDI-<br>TIONAL<br>FEE |          | RATE                      | ADDI-<br>TIONAL<br>FEE |
|   | Total  | * '   | Minus  | **                   |   | =                                    | ]          | X\$ 9                        | =            |                        | OR       | X\$18=                    |                        |
|   | Independent                                    | *   | Minus  | ***                  |   | =                                    |            | X40=                         | _ 0          |                        | OR       | X80=                      |                        |
| Ľ   | FIRST PRESE                                    | NTATION OF M                                | ULTIPLE DEF                                  | PENDEN               | IT CLAIM                                  |                                      |            | +135                         |              |                        | 1        |                           | †                      |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |  |                      |   |                                      |            |                              | =<br>TAL     | <u> </u>               | OR       | +270=<br>TOTAL            | <del></del>            |
| **  | If the "Highest Nu<br>If the "Highest Nu       | mber Previously P                           | aid For" IN THI                              | S SPACE<br>S SPACE   | is less that<br>is less that              | an 20, enter "20<br>an 3, enter "3." |            | ADDIT. F                     | EE           |                        | OR       | ADDIT. FEE                |                        |
|   | The "Highest Num                               | nber Previously Pa                          | id For" (Total or                            | r Indepen            | dent) is the                              | e highest numb                       | er fo      | ound in the                  | e ap         | propriate bo           | ox in co | Diumn 1.                  |                        |